

# Pain Management & MRI

Northeast • Philadelphia • Delaware County • Delaware

January 13, 2017

Re: **Leslie Boyd**  
**DOA: March 2016**  
**Initial Examination**

## PRESENT COMPLAINT:

On January 13, 2017, Mr. Leslie Boyd presented to Philadelphia Pain Management for initial examination of injuries he sustained in a slip-and-fall accident that occurred in March 2016. He is a 68-year-old male.

Mr. Boyd reports that while incarcerated, he slipped and fell while exiting his cell. He reports that the door was opened by a guard and he was asked to leave the cell. As he walked out, he slipped, falling forward, and striking his head on the door jam. He reports he was taken to the medical station and given Tylenol for head pain. He reports that following the fall, he lost control all his bodily fluids and was taken to Torresdale Hospital where he was kept for approximately one month. He reports that he was in a coma and awoke to a period of partial paralysis, from which he recovered. He reports complete diagnostic testing was performed at that time. He reports a history of a cervical spine fracture and surgery secondary to falling. He was then taken to Ivy Hill Rehab where he was treated in house and then received outpatient treatment therapy following, which he received physical therapy in another facility, the details which are unclear. We will make attempts to collect these records for review.

## PATIENT HISTORY & PAST MEDICAL HISTORY:

Mr. Boyd has a complex medical history that is unclear following the patient's explanation. We will make attempts to collect this patient's primary care records for review, his treatment records from Torresdale Hospital, as well as his follow-up physical therapy facilities.

## CHIEF COMPLAINTS:

Today Mr. Boyd reports with chief complaints of constant cervical region pain with bilateral upper extremity pain, numbness, and tingling to the hands. He reports thoracic region pain bilaterally as well as lumbar region pain bilaterally. He has bilateral lower extremity pain, numbness, tingling, and weakness. He reports today using a walker that was provided to him during his inpatient rehabilitation stay. He has been using a walker since that time. His condition does interfere with his activities of daily living. He has pain with standing and walking. He cannot stoop or squat. He has pain with reaching, pushing, pulling, lifting, and carrying. He reports some pain with sneezing and coughing. He has pain with turning, twisting, and bending at the neck and waist.

## WORK STATUS:

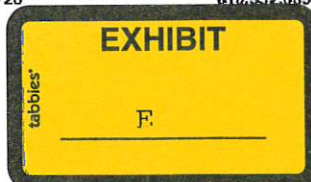
Mr. Boyd does not work.

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**PHYSICAL EXAMINATION:**

**Cervical Spine Motion Studies**

	<b>Normal</b>	<b>Exam</b>	<b>Pain</b>	<b>Level/Location</b>
Flexion	60	40	Pain	Bil. Cervical, Upper Thoracic
Extension	50	40	Pain	Bil. Cervical, Upper Thoracic
Left Rotation	80	60	Pain	Bil. Cervical, Upper Thoracic
Right Rotation	80	60	Pain	Bil. Cervical, Upper Thoracic
L. Lateral Flexion	40	30	Pain	Bil. Cervical, Upper Thoracic
R. Lateral Flexion	40	30	Pain	Bil. Cervical, Upper Thoracic

Foraminal Compression test was positive in the right, left, and neutral positions. Shoulder Depressor Test was positive bilaterally. Foraminal Distraction Test was positive. Bicep Reflexes were +1 bilaterally and symmetric. Tricep Reflexes were +1 bilaterally and symmetric. Extensor Digitorum Reflexes were +1 bilaterally and symmetric. Myotomes evaluation of the bilateral upper extremities was graded 5/5 bilaterally and symmetrically. The patient is right-handed. Palpable Muscle Tenderness was noted of the bilateral upper trapezius, lower trapezius, posterior cervical, posterior scalenes, and levator scapulae.

**Lumbar/Thoraco-Lumbar Motion Studies**

	<b>Normal</b>	<b>Exam</b>	<b>Pain</b>	<b>Level/Location</b>
Flexion	90	70	Pain	Bilateral Lumbar
Extension	30	10	Pain	Bilateral Lumbar
Left Rotation	30	10	Pain	Bilateral Lumbar
Right Rotation	30	10	Pain	Bilateral Lumbar
L. Lateral Flexion	20	10	Pain	Bilateral Lumbar
R. Lateral Flexion	20	10	Pain	Bilateral Lumbar

Patellar Reflexes were +1 bilaterally and symmetric. Achilles Reflexes were +1 bilaterally and symmetric. Bechterew's/Sitting Root was positive bilaterally for low back pain with full range of motion of the bilateral lower extremities. Valsalva with Bechterew's/Sitting Root was positive bilaterally for low back pain with full range of motion of the bilateral lower extremities. Palpable muscle tenderness was noted of the lumbar paraspinals and quadratus lumborum.

**OVERALL DIAGNOSTIC IMPRESSION:**

1. Unspecified cervical spine fracture per the patient
2. Cervical spine sprain/strain
3. Cervical radiculopathy
4. Thoracic spine sprain/strain
5. Lumbar spine sprain/strain
6. Lumbar radiculitis
7. Myofascitis

**ASSESSMENT:**

His prognosis is guarded secondary to the slip-and-fall accident that occurred in March 2016.

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**PLAN:**

Mr. Boyd was offered treatment in this facility a frequency of two times per week.

In the coming weeks, we will make attempts to collect this patient's outpatient therapy, inpatient therapy, emergency room, and hospital stay records for review.

In this office, he will be treated with spinal manipulation utilizing the activator, intersegmental traction to tolerance, electric stimulation, ultrasound therapy, as well as hot and cold packs. He will attempt to undergo supervised therapeutic exercise for the cervical thoracic and lumbar region.

A re-examination will be performed in approximately four weeks.

Sincerely,



Anthony DeEugenio, D.C.